200	O UNIFORM BU	SIN	ESS	REPO	ORT	(UBR)		ĖĽĒ)		АТ
DOCUMENT # POI 0000 92286								1. Shaharlari			
1. Entity Name								OCAPRIA AMIL: 31			
CASTROS AIRPORT SHUTTLE & LIMOUSINE SERVICES, INC.								02 APR 10 AM 11: 3 1			
								SECREIXHY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 4576 N.W. 41ST PLACE							ı	TALLAHASSEE, FLORIDA			
TOTO IN. W. TIST I DAGE								W. San Santaray			
FORT LAUDERDALE, FL 333319											
2. Principal	Place of Business	3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State			City & State					FEI Number		Applied For	\Box
Zip	Zip Country		Zip C			Country		5-1143961 	Not Applicable \$8.75 Additional)
-						Country		. Certificate of Status Desired ——	Additional iired		
	6. Name and Address of Cur	ent Rec	gistered A	gent			7.	Name and Address of New Registe			_
	FOUST, CPA					Name ,	,				
3401 N.W. 202ND STREET MIAMI, FLORIDA 33056-1722						C4	- /5 6	N. B			4
INITANI, I L	ORIDA 33030-1722					Street Addres	ss (P.C	D. Box Number is Not Acceptable)			
											\dashv
											<u>.</u>
						City		F		Code	
8. The above	named entity submits this state	ment fo	r the nurno	ose of chan	ning its	renistered offic	CO OF 10	egistered agent, or both, in the State o	f Elorida		\dashv
4			. we purp	DOO DI GINAN	ging ito	rogiotoroa ome	20 01 10	gratered agent, or both, in the State of	i i ioilua	• •	
SIGNATURE	Signature, typed or printed name of	register	ad agent an	d title if appli	cable	(NOTE: Pagiste	arad Aa	ent signature required when reinstating)			
9 This come	······································	-	o agent an		200.1110.000.00	57 (eV5) 7 (cd 12.5) 12.1045 (0.005) 11.1	oleu Ay			\$5.00	-
This corporation is eligible to satisfy its Intan- gible Tax filing requirement and elects to do so.			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00				no	10. Election Campaign Financing Trust Fund Contribution.	May Be	Added to Fees	
	ria on back)		G0000000000000000000000000000000000000		14 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	epartment of		Tradit and Continuation.	Way Do	Added to 1 ces	
11.	OFFICERS /	ND DIR	RECTORS	,	12.	ΑC	DDITIC	NS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 11	
TITLE	PRESIDENT			Delete	. דודו	.E		c	hange	Addition	<u>@</u>
NAME	WILNER CASTELIN 4576 N.W. 41ST PLAC	_			NAV						034 (9/99)
STREET ADDRESS CITY - ST - ZIP	FORT LAUDERDALE.		DΔ 333	10	STR	EET ADDRESS					8
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STREET ADDRESS					Į.	EET ADDRESS					
CITY - ST - ZIP						ST. 7IP					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHO HOLE

WILNER CASTELIN

4/2/2002

954-254-9746